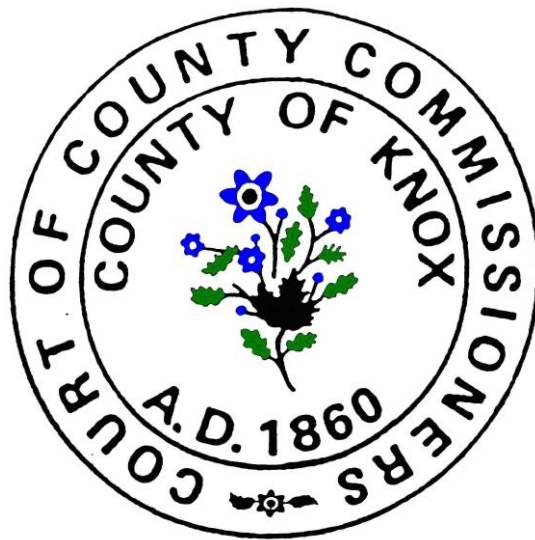


# **Knox County**

## **Exposure Control – Bloodborne Pathogen Plan**



### **WRITTEN PROGRAM**

County Administrative Offices  
62 Union Street  
Rockland ME 04841  
(207) 594-0420

*Reviewed November 21, 2019*

## EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

The Exposure Control Plan for Knox County has been developed in accordance with OSHA 29 CFR 1910.1030 "Bloodborne Pathogens" as adopted by the Maine Bureau of Labor.

This plan identifies:

- 1) General hazards associated with exposure to blood or other potentially infectious materials.
- 2) Specific tasks considered representing a potential exposure to these hazards.
- 3) Job classifications of the personnel expected to perform these tasks.
- 4) Personal protective equipment and safe work practices designed to prevent exposure.
- 5) Vaccination requirements including immunization and declination provisions.
- 6) Training and documentation requirements.
- 7) Exposure determination and follow-up to include record keeping requirements.

The failure of Knox County employees to adhere to the requirements of this Plan will be considered a violation of the County Personnel Policy and may result in appropriate disciplinary action.

## **PLAN MAINTENANCE AND ANNUAL REVIEW RESPONSIBILITIES**

The County Administrator is responsible for administration of this plan. The County Sheriff (for Sheriff Department and Jail), Department Heads and other non-managerial employees, acting as a group are responsible for reviewing the Plan and recommending changes. This plan shall be reviewed at least annually unless earlier indicated by change in OSHA standard or Maine Bureau of Labor rulemaking. The annual review shall consider and implement engineering and work practice controls designed to eliminate or minimize occupational exposure.

## **DEFINITIONS**

**Blood** = Human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** = Pathogenic microorganisms that are present in human blood and can cause disease to humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Body Substance Isolation (BSI)** = Practices which assume all body fluids to be potentially infectious and employees protect themselves accordingly. See also *Universal Precautions*.

**Contaminated** = the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** = Laundry which has been soiled with blood or other potentially infectious materials, or may contain contaminated sharps.

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**Contaminated Sharps** = Any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**County** = The governmental officers of the County of Knox acting as a body.

**Decontamination** = The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Department Head** = Chief administrator for that specific municipal department. IE: Sheriff, EMA Director, Finance Officer.

**Employee** = Any paid person or uncompensated volunteer who regularly and routinely provides services as an official of Knox County government.

**Engineering Controls** = Physical controls (e.g. sharps disposal containers etc.) which isolate or remove bloodborne pathogens hazard from the workplace.

**Exposure Incident** = A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials which results from the performance of employee's duties.

**Handwashing Facilities** = A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines. Alternately, when handwashing facilities are not feasible, employer-provided antiseptic hand cleanser with clean cloth/paper towels or antiseptic towelettes (employees must use running water and soap as soon as feasible)

**HBV** = Hepatitis B Virus. (HCV = Hepatitis C Virus)

**Healthcare Professional (Licensed)** = A person whose legally permitted scope of practice allows him or her to independently perform activities required for Hepatitis B vaccination and Post-exposure Evaluation and Follow-up.

**HIV** = Human Immunodeficiency Virus.

**May** = A step or task that is optional

**Occupational Exposure** = Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potential infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)** = The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva from dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in where it is difficult or impossible to differentiate between body fluids. Also includes any unfixed human tissue or organ from a human (living or deceased).

**Parenteral** = Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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**Personal Protective Equipment** = Specialized clothing or equipment worn by an employee for protection against a hazard. (General work clothes, not intended to function as protection against a hazard, are not considered personal protective equipment.)

**Personnel (Person)** = Includes both paid employees and uncompensated volunteers of the County. The law does not recognize a difference in status nor will the Plan.

**PPE** = Personal protective equipment.

**Regulated Waste** = Liquid or semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Shall** = a step or task that must be completed or performed.

**Sharps Injury Log**= Maintained to record all percutaneous (*through the skin*) injuries from contaminated sharps (needles).

**Source Individual** = any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**Sterilize** = the use of a physical or chemical procedure to destroy all microbial life including highly resistant endospores.

**Universal Precautions** = an approach to infection control. According to the concept, all human blood, and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. See also *Body Substance Isolation (BSI)*.

**Work Practice Controls** = Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **BACKGROUND**

The Center for Disease Control (CDC) has recognized the following as linked to the potential transmission of HBV, HIV, and other bloodborne pathogens in the occupational setting:

- Blood, blood products or components
- semen
- vaginal secretions
- amniotic fluid
- synovial fluid
- saliva (in dentistry)
- any body fluid visibly contaminated with blood
- pleural fluid
- peritoneal fluid
- cerebrospinal fluid
- all body fluids in situations where it may be difficult or impossible to differentiate between body fluids
- any unfixed human tissue or organ from a human (living or deceased).

These substances shall be collectively referred to as blood and "other potentially infectious material" (OPIM) for the remainder of this document.

## **OCCUPATIONAL EXPOSURE**

As defined in the OSHA standard, Occupational Exposure is *“the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties”*.

Determination of this classification requires an identification of job tasks that have this potential. If a task that resulted in occupational exposure was identified as an anticipated routine part of the job classification, then that job classification was subsequently classified as occupationally exposed, and all persons operating within the scope of that job were classified the same.

In some instances, the potential for occupational exposure was present in job classifications, however, not as an anticipated routine occurrence, and not, historically, performed by all persons within that job. In these instances, an assessment was made as to who has been placed in these situations in the past, and a projection as to who will be in the future. Those identified individuals have been classified as occupationally exposed due to the nature of their specific job duties, while others in the same classification may not have been so identified.

### ***Job Classifications and Lists of Tasks***

Listed are the expected tasks which can reasonably be assumed to be performed by county employees that will result in occupational exposure.

- Routine Law Enforcement
- Custodial handling of Prisoners
- Response to accidents and/or incidents involving injury or illness (Bleeding control, CPR, etc.)
- Decontamination of surfaces or handling/processing linen contaminated with blood or OPIM.
- Handling of waste materials collected or custodial duties performed in rest rooms of any county controlled facility
- Certain investigatory duties performed as part of the judicial process

All personnel of Knox County, in the following job classifications, have been identified as occupationally exposed.

- The Sheriff, Chief Deputy and all Patrol Deputies and Investigatory employees of the Sheriff's department
- All Jail employees and administrators who routinely handle prisoners (*\*Contract health care professionals are covered under their employers exposure control programs*)
- County maintenance and custodial employees (*\*Contract maintenance and custodial personnel are covered under their employers exposure control programs*)
- Certain Emergency Management Agency employees
- Selected personnel from the District Attorney's office whom the DA has identified as being at risk due to the specific nature of their duties

Personnel from other departments, not identified as occupationally exposed, may experience rare and isolated instances of occupational exposure. Any exposure they experience is anticipated to be a unique exposure incident and is not expected to be performed as part of their regularly and routinely performed

## EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

job duties. These personnel will receive appropriate training related to occupational exposure, and when necessary will receive the same treatment following an exposure incident.

### **METHODS OF EXPOSURE CONTROL**

#### ***Universal Precautions (Body Substance Isolation)***

It is Knox County policy that all blood and OPIM as defined in 29 CFR 1910.1030 is treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

All proper exposure controls shall be observed when dealing with any of these materials.

Any exposure incident which results from the willful disregard of the proper use of personal protective equipment as stated in this policy will be considered a willfully reckless and negligent act.

#### ***Engineering Controls***

Engineering controls shall be the first line of defense against occupational exposure.

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

- The container for storage, transport, or shipping shall be properly labeled as a biohazard and/or color-coded RED and closed prior to being stored, transported or shipped.
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is properly labeled as a biohazard and/or color coded RED.
- If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture resistant in addition to the above characteristics.

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

- A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- The Department Head shall ensure that this information is conveyed to all affected personnel, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing and shipping so that appropriate precautions will be taken.

Contaminated needles and other sharps shall not be recapped, bent or removed, instead they are to be immediately, or as soon as possible, placed in appropriate containers until properly reprocessed. These containers shall be:

- Puncture resistant
- Labeled as biohazard and color-coded RED

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- Leak proof on the sides and bottom
- Closeable
- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used
- Maintained upright throughout use
- Replaced routinely and not allowed to overfill

These containers, when filled, shall be delivered to the servicing regulated waste disposal facility for proper reprocessing. Prior to removing the container from its area of use, the container shall be:

- Closed and sealed with tape immediately prior to removal or replacement to prevent spillage or protrusion of the contents during handling, storage, transport, or shipping.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose personnel to the risk of percutaneous injury.
- Simultaneously replaced with a new container.

Disposable type items contaminated with blood or OPIM (e.g. bandages, gloves, gowns, dressings generated while treating prisoners at the jail shall be placed in the appropriate designated waste receptacle. These containers shall be:

- Properly labeled as biohazard and color-coded RED.
- Closed prior to removal to prevent spillage or protrusion of the contents during handling, storage, transport, or shipping.
- If outside contamination of the container occurs, it shall be placed in a second container, or decontaminated if possible. This second container must conform to all the listed requirements for the primary container.
- Delivered to the servicing regulated waste disposal facility.

Disposable type items contaminated with blood or OPIM (e.g. bandages, gloves, gowns, dressings etc.) at the scene of an accident or incident should be placed in the container specified by on-scene EMS personnel for delivery to the hospital receiving injured from that accident or incident.

### ***Work Practice Controls***

Work practice controls shall be adopted to compliment adopted engineering controls.

- Eating, drinking, smoking, application of cosmetics or lip balms or handling of contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

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- All personnel shall wash all potentially exposed skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Hand washing shall occur at the earliest opportunity.
- Procedures requiring contaminated needles and other contaminated sharps to be bent, recapped, or removed, shall not be permitted. Shearing or breaking of contaminated needles is prohibited.
- Immediately, or as soon as possible after use, contaminated sharps shall be placed in the appropriate disposal container.
- All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Suctioning by mouth of blood or other infectious materials is prohibited.
- All contact with blood or OPIM that is not necessary for the delivery of emergency or routine health care shall be avoided.

### *Personal Protective Equipment*

Where occupational exposure exists, personal protective equipment (PPE) shall be used:

- PPE shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to reach the employee's work clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE shall be used.
- The following PPE, readily available to employees, shall be stocked and maintained in all county law enforcement and emergency response vehicles and at the jail.
  - Disposable nitrile gloves
  - Impervious gowns
  - Eye shields
  - Surgical masks
  - Impervious headgear (where appropriate)
  - Impervious shoe/boot covers (where appropriate)
  - Ventilation masks with one-way valve
- All personnel shall use the appropriate PPE unless the person temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it is the person's professional judgment that in the specific instance its use will prevent the delivery of emergency care or public safety services, or will pose an increased hazard to the safety of the worker or co-worker.
- All contaminated PPE shall be disposed of according to the requirements of the Plan.
- Any PPE found to be, or suspected of being in disrepair shall be appropriately discarded or turned over to the Department Head for repair or replacement.



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- When disposable PPE is removed, it shall be placed in an appropriately designated container (RED BAGS) for disposal
- If a durable garment(s), including law enforcement uniforms or ballistic protection, is contaminated by blood or OPIM, the garment (s) shall be removed immediately, or as soon as feasible. Durable garments shall be decontaminated at an approved facility at no cost to the employee and returned to service. These garments shall be placed in a designated container (YELLOW BAG) and marked “contaminated linen” and shall be handled with the same care as provided for RED-BAGGED biohazards. The facility designated to receive contaminated durable goods for Knox County is:

Park Street Cleaners  
117 Park Street  
Rockland, ME 04841  
(207)594-9393

Disposable nitrile gloves shall be worn when it can be reasonably anticipated that the person may have hand contact with blood or OPIM, mucous membranes, or non-intact skin. Disposable nitrile gloves shall:

- Be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability as a barrier is compromised;
- Not be washed or decontaminated for re-use;
- Be changed between patients, whenever practical.

**Masks and Eye Shields.** Masks in combination with eye shields with solid side shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, and other protective body clothing shall be worn in occupational exposure situations to the degree determined by the task and degree of exposure anticipated.

### ***Housekeeping***

County department heads shall ensure that county equipment is maintained in a clean and sanitary condition.

County department heads shall implement a written schedule for cleaning areas under their control. This schedule shall be based on:

- Method of decontamination
- Type of surface to be cleaned
- Type of soil present
- Tasks being performed in the area

## EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately, or as soon as feasible. When surfaces are contaminated, the solution must meet the requirements for decontamination as defined in 29 CFR 1910.1030.

All bins, pails, wastebaskets, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis described, or as soon as feasible upon visible contamination.

Contaminated laundry shall be bagged or containerized at the location where it was used by employees who are using protective gloves and other appropriate PPE.

Contaminated laundry shall be placed in bags or containers properly labeled or color-coded. If laundry is wet and has a reasonable likelihood of soak-through or leakage, the laundry shall be placed in bags or containers to prevent such soak-through or leakage. Alternate labeling or color-coding is sufficient if contaminated laundry is processed on site by employees who recognize the containers and comply with universal precautions.

## **Vaccinations**

### ***Policy and Procedures***

Knox County shall make available the Hepatitis B vaccination (HBV) series to all occupationally exposed employees. This vaccination series shall be provided at no charge to the employee and will be made available at a reasonable time and place.

- The vaccination series may be provided by the designated physician or by a licensed health care professional of the employee's choice (fee not to exceed the county's negotiated cost).
- The vaccination series, evaluation and immunity profile shall be administered according to accepted medical protocol. An accredited laboratory, at no cost to the employee, shall conduct all laboratory tests.

The Hepatitis B vaccine shall be made available to all identified employee after the employee has received the training outlined in this Plan and within 10 working days of initial assignment to a job classification identified as having an occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series or an antibody testing revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The vaccination will be made available as outlined above if the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the Plan, decides to accept the vaccination. The department head shall ensure that employees who decline the Hepatitis B vaccination offered by this Plan sign the appropriate declination statement.

Employees who decline the vaccination, refuse to sign the declination statement and do not demonstrate immunity, will be removed from the job classification identified as occupationally exposed until such time he/she complies with the requirements of this plan.

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All records relative to the vaccination series, follow up and immunity profile are to be stored in the person's medical records kept with the designated physician. A record that the HBV immunization was provided (or declined) will be maintained in the employee's personnel file.

If a routine booster dose(s) of Hepatitis B vaccine is recommended by the USPHS at a future date, such booster dose(s) shall be made available to occupationally exposed employees. Currently, no such booster has been indicated by either the CDC or the USPHS.

### **EXPOSURE INCIDENT**

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of employee's duties.

#### ***Investigation and Evaluation of an Exposure Incident***

It is imperative that all employees immediately report any exposure incident to their Department Head. The Department Head is responsible for notifying the County Administrator within 24 hours if at all possible. Following exposure:

- The employee shall immediately be evaluated by a physician. Normally this will be done through Health Connections in Rockport unless other arrangements are made. This confidential medical evaluation and follow-up shall be documented in the employee's personnel and medical records. (Note: In emergency situations, employee should be checked at the PenBay Medical Center or nearest hospital).
- The incident shall be investigated by the County Safety Committee to determine cause and any appropriate corrective action.

In accordance with 29 CFR 1910.1030, the following elements shall be covered in the post-exposure investigation:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless that identification is not feasible or prohibited by law.
- The degree Work Practice and PPE controls were utilized.

The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infection. In the event consent cannot be obtained (IE: deceased or otherwise incapacitated), the physician will establish and document that legal consent could not be obtained.

- When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

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- Results of the source individual's testing will be made available to the exposed employee, and the person shall be informed of applicable state law that regulates the disclosure of the source individual's identity and infection status.

The exposed person's blood shall be collected and tested as soon as feasible after consent is obtained.

- If the person consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the samples shall be preserved for at least 90 days. If within 90 days of the exposure incident, the person elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure vaccination/prophylaxis, counseling and evaluation of reported illness shall be made available as medically indicated.

### ***Information Provided to the Healthcare Professional***

The Department Head or County Administrator will ensure that the post-exposure evaluation healthcare professional, whether the County designated physician or a privately obtained professional, is provided:

- A copy of 29 CFR 1910.1030.
- A description of the exposed person's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the person including vaccination status which are Knox Counties responsibility to maintain.

### ***Healthcare Professional's Written Opinion***

The County designated physician shall obtain and provide the exposed person and the County Administrator with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for the Hepatitis B vaccination shall be limited to:

- Whether the Hepatitis B vaccination is indicated for the person,
- If the person has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the person has been informed of the results of the evaluation,
- That the person has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation or treatment.

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All other findings or diagnoses shall remain confidential and shall not be included in the written report.

### **COMMUNICATION OF HAZARDS**

Warning labels shall be affixed to:

- Containers of medical waste.
- Other containers used to store, transport or ship blood or OPIM.
- Labels are to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red or Yellow bags or containers may be substituted for labels when the bags or containers are pre printed with biohazard or contaminated linen warnings.
- Labels required for contaminated equipment shall be in accordance with this section and state the portion(s) of the equipment which remain contaminated.
- Labels shall include the "BIOHAZARD" symbol illustrated below and in 29 CFR 1910.1030. Labels shall be fluorescent orange or orange-red with lettering and symbols in contrasting color.



### **TRAINING**

#### ***General Requirements***

All employees with occupational exposure shall receive training at no cost to the employee and during working hours.

#### ***When training is required...***

- At the time of initial assignment to an identified job classification.
- At least annually thereafter.
- When changes such as modification of tasks or procedures, or institution of new tasks or procedures affect the person's occupational exposure. The additional training may be limited to addressing the new exposures created or, specific changes to the Exposure Control Plan.

The Department Head shall be responsible for arranging this training.

## EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

### *What material must be covered...*

- Explanation of the contents of the OSHA Bloodborne pathogens standard, 29 CFR 1910.1030.
- An explanation of the Knox County Exposure Control Plan and means by which an employee may obtain a copy of the plan.
- General epidemiology and symptoms of bloodborne diseases.
- Explanation of the modes of transmission for bloodborne pathogens.
- The appropriate methods of recognizing tasks and other activities which may involve exposure to blood or OPIM.
- The use and limitations of methods which will prevent or reduce exposure including appropriate engineering controls, work practices and PPE.
- The types, proper use, location, removal, handling, decontamination and disposal of PPE.
- The basis for selection of PPE.
- The Hepatitis B vaccine series, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge; or that vaccination may be declined by the employee.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow, if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- The post-exposure evaluation and follow-up that the physician will provide the person following an exposure incident.
- The labeling and color-coding requirements.
- An opportunity for interactive questions and answers with the person conducting the session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to functions undertaken by Knox County employees.

## **RECORD KEEPING**

### *Medical Records.*

The County designated physician shall maintain an accurate record for each person with occupational exposure, in accordance with 29 CFR 1910.20. This record shall include:

- The name and SSN of the person.
- A copy of the person's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the person's ability to receive this vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures as required following an exposure incident.

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- A copy of the health care professional's written opinion as described in his/her Plan.
- A copy of the information provided to the healthcare professional as described in his/her Plan.

The County designated physician shall ensure that the person's medical records required in this Plan are:

- Kept confidential in accordance with HIPAA 1996 regulations and this standard
- Are not discussed or reported without the person's express written consent to any person within or outside of the Knox County government except as required by law.

### ***Records Retention.***

Knox County, in conjunction with the designated physician, will maintain these records for a least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

### ***Training Records.***

Records for training required by this Plan shall include:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training sessions.
- The names and job titles of all persons attending the training sessions.

Training Records shall be maintained in the department's training file for 3 years from the date on which the training occurred.

### ***Sharps Injury Log***

All percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log. This record will be maintained by the County Administrator for all departments. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

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### *Availability and Transfer of Records*

All records required to be maintained by this plan shall be made available, upon request, to the Assistant Secretary and the Director of the National Institute for Occupational Safety and Health or the U.S. Dept. of Health and Human Services, or their designated representative.

All personnel medical records required to be maintained by this Plan shall be provided upon request for examination and copying to:

- The subject personnel.
- Anyone having written consent of the subject person.
- The Assistant Secretary and the Director of the National Institute for Occupational Safety and Health or the U.S. Dept. of Health and Human Services, or their designated representative.

Knox County will comply with requirements involving the transfer of records as set forth in 29 CFR 1910.1020(h)



EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

**KNOX COUNTY**  
**BLOODBORNE PATHOGEN EXPOSURE INCIDENT INVESTIGATION**

*This form is subject to HIPAA '96 regulations and is confidential when filled in*

Report Date:\_\_\_\_\_ Time:\_\_\_\_\_ Date of Notification:\_\_\_\_\_ Time:\_\_\_\_\_

Name:\_\_\_\_\_ SSN:\_\_\_\_\_ Phone:\_\_\_\_\_

Department:\_\_\_\_\_ Job Title:\_\_\_\_\_

Employee's Job Duties:\_\_\_\_\_

\_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time:\_\_\_\_\_ Location:\_\_\_\_\_

Type of Fluid:\_\_\_\_\_

Route of Exposure:\_\_\_\_\_

Activity at Time of Exposure:\_\_\_\_\_

\_\_\_\_\_

Engineering controls used:\_\_\_\_\_

Were engineering controls used effectively\_\_\_\_\_

Work practice controls used:\_\_\_\_\_

Were work practice controls used effectively?\_\_\_\_\_

PPE Used:\_\_\_\_\_

Were PPE controls used effectively?\_\_\_\_\_

Name of source individual:\_\_\_\_\_ Phone: \_\_\_\_\_

Address:\_\_\_\_\_

Consent Obtained:\_\_\_\_\_ If No, Why Not?\_\_\_\_\_

\_\_\_\_\_

Blood Sample Tested:\_\_\_\_\_

Cause of Exposure:\_\_\_\_\_

Corrective Action Required:\_\_\_\_\_

Remarks:\_\_\_\_\_

\_\_\_\_\_

**To Be Completed By Evaluating Physician**

Employee's Medical Evaluation Completed (date):\_\_\_\_\_

Employee was informed of the results of evaluation (yes/no)?\_\_\_\_\_

Employee informed of any possible medical conditions resulting from this exposure that requires further evaluation or treatment (yes/no):\_\_\_\_\_

Evaluating Physician (Print)\_\_\_\_\_

Physician's Signature\_\_\_\_\_ Date\_\_\_\_\_

**Note:** Knox County must maintain this form for the duration of employment, plus 30 years in accordance with 29 CFR 1910.1020. This form is HIPAA '96 sensitive when filled in.

EXPOSURE CONTROL-BLOODBORNE PATHOGEN PLAN

## EMPLOYEE ACKNOWLEDGEMENT

I have read the Knox County Exposure Control Plan. I have received the training offered by Knox County and have been offered the opportunity to have any questions addressed. I agree to follow the guidelines set forward by the Exposure Control Plan and report any exposure incident, which may occur.

**If you are an employee with “Occupational Exposure” per this plan, please check one:**

☐ **I have not received the HBV Vaccination series and would like to be scheduled to receive it.**

☐ **I decline the HBV Vaccination series at this time.**

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**Printed Employee Name**

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**Employee Signature**

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**Date**

**Note:**

Knox County must maintain this form for the duration of employment, plus 30 years in accordance with 29 CFR 1910.1020